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By WV Ethics Commission at 2:47 pm, May 08, 2023

**West Virginia Ethics Commission** 

## **Lobbyist Activity Report Form**

2023-01

Late reporting fine - \$10 per business day past the due date (\$250 maximum

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|---|-------------|---------------------|---------------|---|---------------------|------------------|-------------------------|-----------------|-----------------|--|
| 1. Name and contact information   |             |                     |               |   |                     |                  |                         |                 |                 |  |
| Name James "Joe" White  |             |                     |               |   |                     | Phone _          | Phone 304-546-3544      |                 |                 |  |
| Address 1610 Washington Street East   |             |                     |               |   |                     | Fmail j\         | Email jwhite@wvsspa.org |                 |                 |  |
| Addies  | Audi 633    |                     |               |   |                     |                  |                         |                 |                 |  |
| 01 1 4 1997 05044   |             |                     |               |   |                     |                  |                         |                 |                 |  |
| City, State Zip Charleston, WV 25311  |             |                     |               |   |                     |                  |                         |                 |                 |  |
|   |             |                     |               |   |                     |                  |                         |                 |                 |  |
| 2. Reporting period for which this activity report is being filed   |             |                     |               |   |                     |                  |                         |                 |                 |  |
| Check   | Report      | Period              | Due Date      |   |                     | 1717             |                         |                 |                 |  |
| х   | 2023-01     | 1/1/23-4/30/23      | 5/15/23       |   |                     |                  |                         |                 |                 |  |
|   |             |                     |               |   |                     |                  |                         |                 |                 |  |
|   |             |                     |               |   |                     |                  |                         |                 |                 |  |
| 3. List all employers/organizations that you represent as a lobbyist  |             |                     |               |   |                     |                  |                         |                 |                 |  |
| 1. West Virginia School Service Personnel Assocation 4.   |             |                     |               |   |                     |                  |                         |                 |                 |  |
|   |             |                     |               |   |                     |                  |                         |                 |                 |  |
| 2.  | 2 5         |                     |               |   |                     |                  |                         |                 |                 |  |
| 3 6   |             |                     |               |   |                     |                  |                         |                 |                 |  |
|   |             |                     |               |   |                     |                  |                         |                 |                 |  |
| 4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."   |             |                     |               |   |                     |                  |                         |                 |                 |  |
|   |             |                     |               |   |                     |                  |                         |                 |                 |  |
| None  |             |                     |               |   |                     |                  |                         |                 |                 |  |
|   |             |                     |               |   |                     |                  |                         |                 |                 |  |
|   |             |                     |               |   |                     |                  |                         |                 |                 |  |
|   |             |                     |               |   |                     |                  |                         |                 |                 |  |
| 5. Expenditures   |             |                     |               |   |                     |                  |                         |                 |                 |  |
| If no expenditures, including campaign contributions, mark here: 🗸  |             |                     |               |   |                     |                  |                         |                 |                 |  |
| If you spent money on any public official, employee or member of his or her immediate family, list the amounts spent in each of the following |             |                     |               |   |                     |                  |                         |                 |                 |  |
| categories per each employer you represent. Complete and attach Schedule A to this report.  |             |                     |               |   |                     |                  |                         |                 |                 |  |
| Expenditure Categories  |             |                     | Employer 1    | Employer 2                              | Employer 3          | Employer 4       | Employer 5              | Employer 6      | Total Expended  |  |
| A.  | Meals and   | Beverages           | \$            | \$                                      | \$                  | \$               | \$                      | \$              | \$              |  |
| B.  | Lodging     |                     | \$            | \$                                      | \$                  | \$               | \$                      | \$              | \$              |  |
| C.  | Advertising |                     | \$            | \$                                      | \$                  | \$               | \$                      | \$              | \$              |  |
| D.  | Travel      |                     | \$            | \$                                      | \$                  | \$               | \$                      | \$              | \$              |  |
| E.  | Gifts       |                     | \$            | \$                                      | \$                  | \$               | \$                      | \$              | \$              |  |
| F.  | Other Expe  |                     | \$            | \$                                      | \$                  | \$               | \$                      | \$              | \$              |  |
| G.  | Group Exp   |                     | \$            | \$                                      | \$                  | \$               | \$                      | \$              | \$              |  |
| Н.  |             | Contributions       |               | LIST AMOUNT IN "TOTAL EXPENDED" COLUMN. |                     |                  |                         |                 | \$              |  |
| l.  |             | il expenditures     | \$            | \$                                      | \$                  | \$               | \$                      | \$              | \$              |  |
| IT VALUE  | nonsored o  | r contributed to an | y group event | or snared expe                          | nses, list the tota | ai expenaea in c | ategory 56 imm          | regratery above | e. Complete and |  |

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